

CSFP PARTICIPANT SURVEY

County of Residence _____

The purpose of this questionnaire is to serve you better. Please do not sign your name to the questionnaire. Check one response for each question unless otherwise indicated. Thank you for your help.

1. Check one for each statement about nutrition information provided to you by the CSFP staff.
- A. The suggestions for changes in your diet are within your budget. ☐ Yes ☐ No
 - B. The suggestions for changes in your diet are foods your family would eat. ☐ Yes ☐ No
 - C. The suggestions for changes in your diet are clear and simple to do. ☐ Yes ☐ No

2. Topics you would like information on: (Check one or more responses)

- | | |
|---|--|
| (A) <input type="checkbox"/> Planning meals with CSFP foods | (H) <input type="checkbox"/> Dental Health |
| (B) <input type="checkbox"/> How to save money at the grocery store | (I) <input type="checkbox"/> Foods for underweight children/adults |
| (C) <input type="checkbox"/> Food is good for you | (J) <input type="checkbox"/> Low fat cooking |
| (D) <input type="checkbox"/> Nutritious snacks and drinks | (K) <input type="checkbox"/> Cooking for one |
| (E) <input type="checkbox"/> Food that helps build strong blood | (L) <input type="checkbox"/> Meals in minutes |
| (F) <input type="checkbox"/> How to reduce salt and/or sugar | (M) <input type="checkbox"/> Fruits and vegetables |
| (G) <input type="checkbox"/> Foods for overweight children/adults | (N) <input type="checkbox"/> Other, _____ |

3. Check one answer for each statement about your experience during food pick up.

- A. I had to wait over 15 minutes to receive my foods. ☐ Yes ☐ No
- B. Food distribution hours were acceptable. ☐ Yes ☐ No
- C. I found the staff helpful. ☐ Yes ☐ No
- D. I use the home delivered food option (homebound only) ☐ Yes ☐ No
- E. Explain any problems _____

4. Check one answer for each statement about CSFP Services.

- A. The health information I received at CSFP certification was helpful. ☐ Yes ☐ No
- B. Referrals to other health services or programs were helpful. ☐ Yes ☐ No
☐ No Referrals

5. Are you satisfied with CSFP? ☐ Yes ☐ No

Do you have other suggestions or comments to make CSFP a better program? _____

The following information is for statistical purposes only.

6. Race of participant:

- ☐ 1. White
- ☐ 2. Black, not of Hispanic origin
- ☐ 3. Hispanic
- ☐ 4. Asian or Pacific Islander
- ☐ 5. American Indian or Alaskan Native

7. Check the one that is appropriate:

- ☐ 1. Child (1 up to 6th birthday)
- ☐ 2. Pregnant
- ☐ 3. Breastfeeding
- ☐ 4. Delivered
- ☐ 5. Elderly (age 60 or older)

Survey Instructions

The results are returned to SRS by June 15, including a tabulation of results and summary of comments. It is essential for you to encourage all selected participants to complete the survey. At least 10% of your participants must be surveyed.

1. Distributing the survey.
 - a. The survey may be distributed while the participant is waiting for certification or during food pick-up. DO NOT ALLOW THE PARTICIPANT TO TAKE THE SURVEY HOME.
 - b. Explain the purpose of the survey (e.g. to serve the client better). Give the survey to the participant along with a pen or pencil.
 - c. Allow anyone who asks to complete the survey to do so. Follow the same procedures for selected participants.
2. Collect the surveys'.
 - a. Provide a box in which participants may place their completed surveys'. The surveys' may be placed in the suggestion box or another box may be constructed.
 - b. At the end of the survey period, combine the survey results into one survey for the area and forward to SRS.

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